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## ABSTRACT

Norfolk (Virginia) has developed an interagency structure, the Norfolk Youth Network, among its child serving agencies in order to more effectively meet multiple problems of area youth. A needs assessment in 1988 revealed a high incidence of youth problems, multiple agencies working simultaneously with the same clients, and inefficient placements. The overriding mission of the Network is to facilitate the treatment of youth and their family in an effective, coordinated manner, maximizing the resources available from each agency through team assessment, team planning, and team implementation of those plans. The Youth Network interagency consortium consists of six agencies: Public Schools; Public Health; Social Services; Community Services Board; Juvenile Services Bureau; and Court Services. The Network has two levels -- the Norfolk Interagency Consortium, which addresses concerns of mutual interst to Network agencies, and eight Community Assessment Teams which formulate case plans, assign agency responsibility for services, and monitor each case on an ongoing basis. During its first 12 months of operation, 90 new cases and 187 follow-up cases were reviewed. (One case study is included.) The cooperative agreement is appended. Includes four references. (DB)

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Interagency Collaboration: A Working Model and a Case Study

The Norfolk Youth Network

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ABSTRACT: During the past two years, Norfolk's child serving agencies have made remarkable progress in developing an interagency structure that is comprehensive, systematic, and effective. Most importantly, the interagency effort has developed far beyond organizational structures, interagency meetings, and cooperative agreements. A team spirit has taken hold and a common bond created as administrative and client service problems have been discussed and resolved. The child serving agencies now work together as the Norfolk Youth Network.

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Norfolk is a city with a youth population experiencing significant emotional and behavioral problems caused by family upheaval, poverty, and a rapidly escalating drug culture. It is a large, diverse community with a disproportionate number of children and families with multiple and special needs. Conditions, unique to Norfolk, exacerbate already serious problems existing throughout society today. A large, transient military population in which one parent is often deployed for long periods of time presents unusual problems. A poverty stricken inner city population, whose families are mostly headed by a single parent, places huge demands on local human service resources. The proliferation of crack cocaine and other illegal drug activity among the youth population causes a marked increase in serious and violent juvenile crime. In view of these, and the extent of family dysfunction in the general population, it is not surprising that Norfolk has such a sizeable number of children either at risk for or experiencing significant emotional and/or behavioral problems.

Two developments in 1988 created a climate for change. The City

Manager's Office contracted with the Virginia Treatment Center for

Children to provide consultation and technical assistance in designing a

community-based system of care for severely emotionally disturbed

children and adolescents. A working group of agency administrators was



formed to work on this project. The group met on a regular schedule for nearly a year and identified the need to develop a collaborative approach to services for youth that would be coordinated and continuous at both the policy and service levels. At approximately the same time, the Court Service Unit organized an interdisciplinary team which met monthly to discuss difficult cases, most of which were pending before the Juvenile Court. This model was successful in that agency representatives attended and participated; however, it was simply inadequate to manage the volume of cases needing review. Meeting monthly, this Team could dedicate only a short time to these most serious cases. Consequently, its work usually was crisis-oriented and there was very little opportunity for follow-up attention. The need for a system that would allow sufficient time to examine each case initially and then monitor it for however long necessary was painfully obvious.

The size of Norfolk's multi-problem youth population clamored for this comprehensive interagency system. The 1989 study by the Commonwealth Institute for Child and Family Studies of the Virginia Treatment Center for Children ("Development of a Comprehensive Child Mental Health Service Delivery System for the City of Norfolk") estimated that there



were 4,650 youngsters living in Norfolk with severe emotional disorders. The "High Risk Indicator" published in 1989 by the Division of Youth Services reflected that the city's at risk population far exceeded that number. Utilizing FY87 statistical information, the report revealed that Norfolk was second in the state for the number of youth living in poverty, second also for the number of adolescent pregnancies, first for reading failures and fourth for school dropouts and founded child abuse complaints. The same report showed that Norfolk filed the third highest number of delinquent and child in need of services petitions, despite significant diversion statistics.

Like most communities in Virginia, Norfolk had a poor history of interagency collaboration within its human service delivery system.

Agencies set goals, developed policies, and implemented programs and services with little or no communication between one another, notwithstanding the fact that they often shared the same clients. This lack of communication existed on both an administrative and direct service level. Clients were penalized because there was no integrated system; they were bounced from one agency to another in an inefficient and ineffective manner.



It was foolhardy to expect that any one agency could respond to such a broad range of problems. Since there was no coordination of services between the multiple agencies working simultaneously with the same client, local resources were not maximized. Out-of-home and out-of-area placements that were sometime more restrictive and expensive than needed were disproportionately utilized. Placements in learning centers, state psychiatric facilities, and residential treatment centers could have been greatly reduced if there had been a coordinated system of case planning and service delivery.

With the climate right for interagency collaboration, another interagency working group was formed to investigate and recommend an interagency structure that would facilitate comprehensive policy-making, case assessment, and service delivery. This effort had the full support of the Juvenile Court Judges, the City Manager's Office, and each agency's chief executive. In June 1989, after eight months of study, the working group proposed the development of the Norfolk Youth Network. The concept was adopted by all agency heads who also pledged to support it with staff time and resources (see Appendix I).

The Norfolk Youth Network was founded with a philosophy and mission.



Recognizing that there were a significant number of troubled youth in need of services and supervision coming to the attention of all youth-serving agencies in Norfolk, that no one agency could adequately serve all of the needs of these youth, and that cooperation and coordination among all agencies involved in planning for and treating troubled youth was crucial to successful outcome, a broad-based interagency consortium was established to facilitate the provision of services to youth. The Norfolk Youth Network consists of six agencies: Public Schools, Public Health, Social Services, Community Services Board, Juvenile Services Bureau, and Court Services. It is made up of two levels: the Norfolk Interagency Consortium (NIC), and eight Community Assessment Teams (CATs). The overriding mission of this consortium is to facilitate the treatment of youth and their family in an effective, coordinated manner, maximizing the resources available from each agency through team assessment, team planning, and team implementation of those plans.

The goals of the Norfolk Youth Network were established. They included:

1. To preserve the family and prevent unnecessary out-of-the home placement for at-risk children.



- 2. To link the child and family with appropriate resources and services in the community.
- 3. To create an on-going comprehensive community system of care.
- 4. To strengthen the family and enhance the self-esteem and integrity of all family members, so that the family can function effectively in the community.

NIC, which meets twice per month, includes two top level administrators from each of the Network agencies (see Appendix I). Its purpose is to address policies and concerns of mutual interest to Network agencies, to develop interagency programs, to oversee and resolve matters referred by the CATs, and to review and approve applications to the State Interagency Consortium. The chair of NIC rotates each quarter to coincide with Agency Chairmanship of the CATs.

The eight CATs consist of professionals from the member agencies.

Each of the teams has a representative from every Network agency, plus an additional member who is a substance abuse professional. Recognizing the need for knowledgeable and competent representation, agencies have made the CATs a priority by assigning the responsibility to supervisory and masters level staff. The purpose of the CATs is to formulate case



plans, assign agency responsibility for services, and ongoing monitoring of each case for further treatment and services needs.

There are eight teams with no more than eight members on each team. Each team meets once per month. Two cases are staffed at each meeting, plus follow-up of previous cases are reviewed. The teams meet from 1:00 to 4:00 pm in a location determined by the NIC. The first hour of each meeting is reserved for necessary follow-up on cases staffed during previous meetings. An hour is reserved to staff each of the two new cases. Generally, the referring agency's presentation is limited to twenty minutes, the discussion is limited to twenty minutes, and the formulation of recommendations is limited to twenty minutes.

Procedures require that a multidisciplinary panel within each agency review each case prior to a referral to a CAT. This ensures that only the most complex and difficult cases are referred. The staffing must address presenting problems, availability of resources or lack thereof, and what has been done to alleviate the problem. The in-house referral must be completed and given to the Coordinator to schedule the case for a CAT. After the case is scheduled, the Coordinator notifies the referring agency of the date and time of the CAT meeting. The referring agency is the case



manager, unless otherwise designated at the CAT meeting.

Two days of training involving all Consortium and Assessment Team members and alternates was conducted in September 1989, and the full Network has been operational since October 1, 1989. During the initial year, the entire Youth Network (NIC and CATs) met quarterly for interagency training designed to reinforce interagency and team concept. These large gatherings served to give the Network an identity and participants developed pride in being part of such an exciting venture.

During the first nine months of operation, the Norfolk Public Schools donated a half-time position to serve in the capacity of Norfolk Youth Network Coordinator. This proved to be a critical contribution as the management and coordination of functions of such a system are extremely important. In February 1990, NIC developed and submitted a grant application to the Department of Criminal Justice Services to fund a full-time Coordinator position. The grant was funded, and as a result, the Network has had a full-time Coordinator since August 1, 1990.

During its first twelve months of operation, the CATs reviewed 90 new cases and 187 follow-up cases. One of those cases involved a sixteen-year-old black male who was committed to the Department of Corrections.



This young man (Mac) was educationally handicapped (educable mentally retarded and emotionally disturbed), and was served by special education. He was in the custody of the Department of Social Services because his immediate family did not offer an appropriate environment.

Mac was referred to the CAT by a former teacher who had remained in contact with him and the learning center. Mac nad completed the program and was ready to return to the community. His social worker was unsuccessful in securing a placement for him in the community, and therefore Mac had remained in the learning center longer than other young men committed for more serious offenses. Mac's learning and behavioral difficulties closed the doors of existing traditional foster care situations, specialized foster care situations, and local residential options. He had been placed in a residential school and in a state psychiatric facility for the two years prior to his placement with the Department of Corrections. There was no place for him to go. The CAT was presented with this most difficult situation.

The CAT assigned to Mac's case met four times before developing an innovative plan for returning Mac to the community. A group home operated by the Juvenile Services Bureau would be willing to accept Mac if



one-to-one supervision could be arranged to provide assistance while Mac was present in the group home. (It had been documented that Mac primarily presented significant behavioral difficulties while in groups of peers). Norfolk Public Schools would provide a special placement for Mac in a program for students with mental retardation and behavioral problems, the Department of Social Services would maintain custody and would provide Aftercare supervision, and the Community Services Board - Mental Retardation Services would provide case management services.

The CAT decided to apply to the State Consortium on Mental Health for a grant. The grant would be utilized to hire local university students in the fields of special education, social work, and juvenile court services to provide supervision, transportation, recreational and social skills instruction, and transition services to Mac. These students would receive an hourly wage and would be monitored by the Juvenile Services Bureau at the group home. The grant would be monitored and dispersed by Norfolk Public Schools. This was a real interagency effort to return a child to the community and provide whatever was necessary to promote a successful placement in the least restrictive environment.

Mac returned to Norfolk in August 1990, supported by a team of three



spec.a' education students at Norfolk State University, the group home staff, a representative from Norfolk Public Schools, his social worker, and the CAT. Mac was maintained in the group home environment, with this support network, for three months.

The CAT did not discontinue mac's case even though the presenting problem appeared to be resolved. Mac was physically in the community, but he continued to be a handicapped child in need of an interagency approach for services. The CAT decided to meet with a specialized foster care agency that had previously determined that due to his behavioral difficulties, Mac was not appropriate for their program. A special CAT meeting was held with the agency. The support network for Mac was presented to the agency, and through the assistance of this Team, Mac was now considered by the specialized foster care program as appropriate. A door for services that had previously been closed to this child (and possibly others) had now been opened.

In October 1990, Mac's aunt's home became a possible specialized foster care setting. In November 1990, she was approved as his foster parent. Mac continued to receive services with a coordinated effort. He moved from the group home to the specialized foster home with continued



support from the Juvenile Services Bureau (home-based group home program with emergency respite services), from Norfolk Public Schools (Department of Special Educational Services), from the Department of Social Services (custody, specialized foster care services, and Aftercare Supervision), and the students funded by the State Consortium on Mental Health.

The CAT recently met for the tenth follow-up on Mac's case. New Home Based Services operated by the Community Services Board - Mental Health Services, were recommended to assist Mac's aunts with his behavioral difficulties in the home. As of 12/1/90, Mac has been maintained in the community for four months. This is one more example of an interagency effort to keep Norfolk's children in Norfolk.

The Virginia Department of Planning and Budget completed a "Study of Children's Residential Services" (1990). The results showed that during 1988, \$93.6 million was spent for providing residential services to 4,993 children with emotional and behavioral problems. This amount grew by 12% in 1989 to approximately \$104.5 million. The number of children did not increase. The cost of the grant to provide the services proven necessary to maintain Mac in the community was approximately \$17,000



for a year. The cost of residential services would be significantly higher, not only in monetary terms, but also in the quality of life for Mac in such a restrictive environment. His case has proven to be a success in the effort for collaboration shown by the agencies responsible for serving the youth of Norfolk, Virginia.



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BETWEEN THE

COMMUNITY SERVICES BOARD

DEPARTMENT OF PUBLIC HEALTH

DIVISION OF SOCIAL SERVICES

JUVENILE COURT SERVICES

JUVENILE SERVICES BUREAU

NORFOLK PUBLIC SCHOOLS

AND

## THE NORFOLK JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT

The parties of the ACREMENT are the Norfolk Department of Human Services, the Norfolk Public Schools, the Norfolk Community Services Board, the Norfolk Division of Social Services, the Norfolk Juvenile Services Bureau, the Norfolk Court Service Unit and the Norfolk Juvenile and Domestic Relations District Court, hereinafter referred to as the "AGENCIFS."

Recognizing that there are a significant number of high risk children and adolescents whose problems are so complex that the resources of several community agencies are required simultaneously to assure positive behavioral change, the Agencies acknowledge the need for interagency collaboration in providing services to minors.

Accordingly, the Agencies hereby establish the Norfolk Youth Network as the forum for interagency collaboration.

The Agencies hereby endorse the Norfolk Youth Network, the Norfolk Interagency Consortin and the Community Assessment Teams. The Agencies further agree to fully support the Norfolk Youth Network to every extent possible.

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